

# **Department of Health and Human Services**

## **Substance Abuse and Mental Health Services Administration**

### **Prevention of Methamphetamine Abuse (Initial Announcement)**

**SP-06-005**

**Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243**

#### **Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 16, 2006.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. INTRODUCTION**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention is accepting applications for fiscal year 2006 for grants to support expansion of methamphetamine prevention interventions and/or infrastructure development. This program addresses the growing problem of methamphetamine abuse and addiction by assisting localities to expand prevention interventions that are effective and evidence-based and/or to increase capacity through infrastructure development. The goal is to intervene effectively to prevent, reduce or delay the use and/or spread of methamphetamine abuse.

Prevention of Methamphetamine Abuse grants are authorized under Section 519E of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

## **2. EXPECTATIONS**

Proposed projects for Prevention of Methamphetamine Abuse grants may be used for:

- conducting community-based prevention programs focused on those populations within the community that are most at risk for methamphetamine abuse and addiction.
- assisting local government entities to conduct appropriate methamphetamine prevention activities in rural and urban areas that are experiencing increases in methamphetamine abuse and addiction. This can be documented by local and specific epidemiological, health service use, judicial and/or environmental data;
- training and educating State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of methamphetamine abuse and addiction and the options for prevention;
- planning, administration, and educational activities related to the prevention of methamphetamine abuse and addiction;
- monitoring and evaluation of methamphetamine prevention activities, and reporting and disseminating resulting information to the public;
- conducting targeted pilot programs with evaluation components to encourage innovative methodologies with drug-endangered children.

Applicants proposing to implement services interventions must document how the intervention will be implemented as soon as possible and no later than 4 months after award.

## **2.1 Documenting the Evidence Base for Interventions to be implemented**

Applicants proposing prevention interventions must document in their applications that the interventions they propose to implement are evidence-based interventions. In addition, applicants must justify use of the proposed intervention(s) for the target population along with any adaptations or modifications necessary to meet the unique needs of the target population or otherwise increase the likelihood of achieving positive outcomes. Further guidance on each of these requirements is provided below.

### *Documenting the Evidence-Based Intervention*

SAMHSA has already determined that certain interventions have a documented evidence base, and encourages applicants to select interventions from SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) (see Appendix C), although this is not required.

Applicants proposing interventions that are not included in NREPP must provide a narrative justification that summarizes the evidence for effectiveness and acceptability of the proposed intervention. The preferred evidence of effectiveness and acceptability will include the findings from clinical trials, efficacy and/or effectiveness studies published in the peer-reviewed literature.

In areas where little or no research has been published in the peer-reviewed scientific literature, the applicant may present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts. If consensus documents are presented, they must describe consensus among multiple experts whose work is recognized and respected by others in the field. Local recognition of an individual as a respected or influential person at the community level is not considered a "recognized expert" for this purpose.

### *Justifying Selection of the Intervention for the Target Population*

All applicants must show that any proposed intervention is appropriate for the proposed target population. Ideally, this evidence will include research findings on effectiveness and acceptability specific to the proposed target population. However, if such evidence is not available, the applicant should provide a justification for using the proposed intervention with the target population. This justification might involve, for example, a description of adaptations to the proposed intervention based on other research involving the target population.

### *Justifying Adaptations/Modifications of the Proposed Intervention*

SAMHSA has found that a high degree of faithfulness or "fidelity" (see Glossary) to the original model for an evidence-based intervention increases the likelihood that positive outcomes will be achieved when the model is used by others. Therefore, SAMHSA encourages fidelity to the original evidence-based intervention to be implemented. However, SAMHSA recognizes that adaptations or modifications to the original model may be necessary for a variety of reasons:

- To allow implementers to use resources efficiently
- To adjust for specific needs of the target population
- To address unique characteristics of the local community where the intervention will be implemented

All applicants must describe and justify any adaptations or modifications to the proposed intervention that will be made.

## 2.2 Data and Performance Measurement

SAMHSA will assess outcomes for the Methamphetamine Prevention Program through the National Outcomes Measures (NOMs) for substance abuse prevention that SAMHSA has developed in partnership with the States.

### PREVENTION NATIONAL OUTCOME MEASURES

OUTCOME	PREVENTION
	Substance Abuse
Abstinence from Drug/ Alcohol Abuse	<u>30 day Use</u>
	<u>Age of First Use</u>
	<u>Perception of Disapproval/Attitude</u>
	Perceived Risk/Harm of Use
Decreased Mental Illness Symptomatology/Functioning	NOT APPLICABLE
Increased/Retained Employment or Return to/Stay in School	Perception of Workplace Policy/ Workplace AOD Use/ ATOD Related suspensions and expulsions/Attendance and Enrollment.
Decreased Criminal Justice Involvement	Alcohol-Related Car Crashes and Injuries/Alcohol and Drug Related Crime
Increased Stability in Housing	NOT APPLICABLE
Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity
Increased retention in treatment – substance abuse	Total number of evidence-based programs and strategies/Percentage youth seeing, reading, watching, or listening to a prevention message

<b>Reduced utilization of psychiatric inpatient beds – mental health</b>	NOT APPLICABLE
<b>Increased Social Supports/Social Connectedness</b>	Family Communication Around Drug Use
<b>Client Perception of Care</b>	NOT APPLICABLE
<b>Cost Effectiveness (Average Cost)</b>	Services provided within cost bands
<b>Use of Evidence-Based Practices</b>	Total number of evidence-based programs and strategies

NOMs will be assessed at the community level as appropriate to each grantee's project. Baseline data at the community level must be included in the application. You will be required to report on all your NOMs including cost bands, i.e., the average cost per person served by program type. This can be determined by dividing the numbers of persons served by the total grant program costs. For more information on cost effectiveness and cost bands, please refer to Appendix F.

The instrument for collecting and reporting the NOMs has been approved by the Office of Management and Budget, please see Appendix G. Grantees will be required to use this data collection instrument for collecting and reporting data at the community level, as appropriate to their project. Applicants must describe their current capacity for collecting and reporting the NOMs at the community level as well as plans for ensuring that the NOMs can be collected and reported at the community level within the three-year timeframe of this program.

## 2.3 Evaluation

Grantees must evaluate their projects, and applicants are required to describe their evaluation plans in their applications. The evaluation should be designed to provide regular feedback to the project to improve the project. The evaluation must include both process and outcome components. Process and outcome evaluations must measure change relating to project goals and objectives over time compared to baseline information. Control or comparison groups are not required. Applicants must consider their evaluation plans when preparing the project budget.

**Process components** should address issues such as:

- How closely did the implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and evaluation?

- Who (program, staff) provided what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

**Outcome components** should address issues such as:

- What was the effect of the intervention on participants? (for intervention projects only)
- What was the effect of infrastructure development on service capacity and other system outcomes? (for infrastructure projects only)
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

No more than 20% of the total grant award may be used for evaluation and data collection, including the NOMs.

## **2.4 Grantee Meetings**

You must plan to send the Program Director and the Evaluator to at least one joint grantee meeting in each year of the grant, and you must include funding for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will last 2-3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

# **II. AWARD INFORMATION**

## **1. AWARD AMOUNT**

It is expected that up to \$3.3 million will be available to fund 9-11 awards in FY 2006. Annual awards are expected to be from \$300,000 to \$350,000 per year in total costs (direct and indirect) for up to 3 years.

**Proposed budgets cannot exceed \$350,000 in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

## **2. FUNDING MECHANISM**

Awards will be made as grants.

# **III. ELIGIBILITY INFORMATION**

## **1. ELIGIBLE APPLICANTS**

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments; federally recognized tribes; State recognized tribes, urban Indian

organizations (as defined in P.L. 94-437, as amended); public or private universities and colleges; community- and faith-based organizations; and tribal organizations may apply. The statutory authority for this program prohibits grants to for-profit organizations. No more than one application may be submitted from one organization.

## **2. COST SHARING**

Cost sharing is not required in this program, and applications will not be screened out on the basis of cost sharing.

## **3. OTHER**

**Applications must comply with the following requirements, or they will be screened out and will not be reviewed:** use of the PHS 5161-1 application; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Section IV-2.3 of this document.

# **IV. APPLICATION AND SUBMISSION INFORMATION**

**To ensure that you have met all submission requirements, a checklist is provided for your use in Appendix A of this document.**

## **1. ADDRESS TO REQUEST APPLICATION PACKAGE**

You may request a complete application kit from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

You also may download the required documents from the SAMHSA web site at [www.samhsa.gov/grants/index.aspx](http://www.samhsa.gov/grants/index.aspx)

Additional materials available on this web site include:

- a technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- enhanced instructions for completing the PHS 5161-1 application.

## **2. CONTENT AND FORM OF APPLICATION SUBMISSION**

### **2.1 Application Kit**

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not**

**submitted on the required application form will be screened out and will not be reviewed.**

- Request for Application (RFA) – Provides specific information about the availability of funds along with instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA web site ([www.samhsa.gov/grants/index.aspx](http://www.samhsa.gov/grants/index.aspx)) and a synopsis of the RFA is available on the Federal grants web site ([www.Grants.gov](http://www.Grants.gov)).

You must use all of the above documents in completing your application.

## **2.2 Required Application Components**

To ensure equitable treatment of all applications, applications must be complete. In order for your application to be complete, it must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- ❑ **Face Page** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet web site at [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix E of this document.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (For example, remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.”

- ❑ **Appendices 1 through 3** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 2 and 3 and combined. There are no page limitations for Appendix 1. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.
  - *Appendix 1: Data Collection Instruments/Interview Protocols*
  - *Appendix 2: Sample Consent Forms (Intervention Projects) or Letters of Commitment (Infrastructure Projects)*
  - *Appendix 3: Letter to the SSA (if applicable; see Section IV-4 of this document)*
- ❑ **Assurances** – Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s web site with the RFA and provided in the application kits available at SAMHSA’s clearinghouse (NCADI).
- ❑ **Certifications** – Use the “Certifications” forms found in PHS 5161-1.
- ❑ **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.
- ❑ **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

## **2.3 Application Formatting Requirements**

**Applicants also must comply with the following basic application requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

- ❑ Information provided must be sufficient for review.

- ☐ Text must be legible. For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- ☐ Paper must be white paper and 8.5 inches by 11.0 inches in size.
- ☐ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”
  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 25-page limit for the Project Narrative.
  - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by 25. This number represents the full page less margins, multiplied by the total number of allowed pages.
  - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, following these guidelines will help reviewers to consider your application.

- ☐ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- ☐ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- ☐ The page limit of a total of 30 pages for Appendices 2 and 3 combined should not be exceeded.
- ☐ Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as

posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

### Guidance for Electronic Submission of Applications

SAMHSA offers the opportunity for you to submit your application to us either in electronic or paper format. Register one time, and Grants.gov will generate your information for future applications so you don't have to re-enter it. Built-in error-checking increases the completeness and accuracy of your application. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the [www.Grants.gov](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://www.Grants.gov), complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

You may search the Grants.gov site for the downloadable application package, by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the [www.Grants.gov](http://www.Grants.gov) apply site, on the Customer Support tab. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: [support@Grants.gov](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

**If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: DUNS Number registration, Central Contractor Registry (CCR) registration, Credential Provider registration, and Grants.gov registration.

**It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.).** If you do not have access to Microsoft Office products, you may submit a PDF file. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described above, and in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word.

These requirements help to ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 12,875 words. If the Project Narrative for an electronic submission exceeds the word limit and exceeds the allowed space as defined in Appendix A, then **any part of the Project Narrative in excess of these limits will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

While keeping the Project Narrative as a separate document, please consolidate all other materials in your application to ensure the fewest possible number of attachments. Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. Please name and number your attachments, indicating the order in which they should be assembled. Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **“Back-up for electronic submission.”** The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page for any paper submission.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424), the assurances (SF 424B), and the certifications, and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these

documents may impact the score your application receives or the ability of your application to be funded.

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**  
ATTN: Electronic Applications

**For other delivery service (DHL, Federal Express, United Parcel Service):**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20850**  
ATTN: Electronic Applications

If you require a phone number for delivery, you may use (240) 276-1199.

### **3. SUBMISSION DATES AND TIMES**

Applications are due by close of business on **May 16, 2006**. **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

Your application must be received by the application deadline, or you must have proof of its timely submission as specified below.

- **For packages submitted via DHL, Federal Express (FedEx), or United Parcel Service (UPS), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.**
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
  - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
  - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

You will be notified by postal mail that your application has been received.

**Applications not meeting the timely submission requirements above will not be considered for review.** Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA is collaborating with [www.Grants.gov](http://www.Grants.gov) to accept electronic submission of applications. Please refer to Section IV-2.3 above for “Guidance for Electronic Submission of Applications.”

#### **4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS**

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) web site at [www.whitehouse.gov/omb/grants/spoc.html](http://www.whitehouse.gov/omb/grants/spoc.html).

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are a federally recognized tribe.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline:

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**

ATTN: SPOC – Funding Announcement No. SP-06-005

**For other delivery service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20850**  
ATTN: SPOC – Funding Announcement No. SP-06-005

In addition, community-based, non-governmental service providers who are not transmitting their applications through the State must submit a Public Health System Impact Statement (PHSIS) (approved by OMB under control no. 0920-0428; see burden statement below) to the head(s) of appropriate State or local health agencies in the area(s) to be affected no later than the pertinent receipt date for applications. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. State and local governments and federally recognized tribal applicants are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served, 2) a summary of the services to be provided, and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA's web site at [www.samhsa.gov](http://www.samhsa.gov). If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

Applicants who are not the SSA must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 3, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to:

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road

Rockville, MD **20857**  
ATTN: SSA – Funding Announcement No. SP-06-005

**For other delivery service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20850**  
ATTN: SSA – Funding Announcement No. SP-06-005

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

*[Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).]*

## **5. FUNDING LIMITATIONS/RESTRICTIONS**

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.hhs.gov/grantsnet/roadmap/index.html>:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and Federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Prevention of Methamphetamine Abuse grant recipients must comply with the following funding restriction:

- No more than 20% of the total grant award may be used for evaluation and data collection, including NOMs.

Prevention of Methamphetamine Abuse grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

## **6. OTHER SUBMISSION REQUIREMENTS**

### **6.1 Where to Send Applications**

Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.

Send applications to the following address:

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**

**For other delivery service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044

1 Choke Cherry Road  
Rockville, MD 20850

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**Prevention of Methamphetamine Abuse – SM-06-005**” in item number 10 on the face page of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

## 6.2 How to Send Applications

SAMHSA is collaborating with [www.Grants.gov](http://www.Grants.gov) to accept electronic submission of applications. Please refer to Section IV-2.3 of this announcement for “Guidance for Electronic Submission of Applications.”

Following are instructions for submission of paper applications.

Mail or deliver an original application and 2 copies (including appendices) to the mailing address provided above, according to the instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

**Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

**SAMHSA will not accept or consider any applications sent by facsimile.**

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

Your application will be reviewed and scored according to the quality of your response to the requirements listed below for developing the Project Narrative (Sections A-D). These sections describe what you intend to do with your project.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative. Points will be assigned based on how well you address the cultural competence aspects of the evaluation criteria. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov). Click on “Grants/SAMHSA’s Supporting Grant Information/Useful Information for Applicants/Guidelines and Resources for Grant Applicants.”
- The Supporting Documentation you provide in Sections E-H and Appendices 1-3 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

**Section A: Statement of Need (20 points)**

- Describe the target population (see Glossary) as well as the geographic area to be served, and justify the selection of both. The target population should include persons at high risk for methamphetamine abuse and addiction. Include the numbers to be served and demographic information. Discuss the target population’s language, beliefs, norms and values, as well as socioeconomic factors that must be considered in services to this population
- Document the need for a methamphetamine prevention project in the rural or urban area selected which is experiencing increases in methamphetamine abuse and addiction. This documentation of need may come from a variety of qualitative and quantitative sources, including local and specific baseline epidemiological, health service use, judicial and/or environmental data. The epidemiological and health service use data could come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA’s National Household Survey on Drug Use and Health or from the National Center for Health Statistics/Centers for Disease Control reports). Judicial data could come from state and local police reports on methamphetamine arrests and laboratory incidents, and environmental damage data can be obtained from the Environmental Protection Agency. For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- If proposing infrastructure development, document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective methamphetamine abuse prevention services for the proposed target population in the proposed catchment area.
- Show that identified needs are consistent with priorities of the State, county or tribe that has primary responsibility for the service delivery system.

## **Section B: Proposed Approach (35 points)**

- Clearly state the purpose, goals and objectives of your proposed project and how it addresses the target population and the geographic area being served. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention).
- If proposing to implement a prevention intervention, describe the evidence base for the proposed intervention (See Section I-2.1, documenting the Evidence-Base for Services to be Implemented.)

[Note: If you are proposing to implement an intervention included in NREPP (see Appendix C), you may simply identify the intervention and state the source from which it was selected. You do not need to provide further evidence of effectiveness. If you are proposing an intervention that is not included in NREPP, you must provide a narrative justification that summarizes the evidence of effectiveness and acceptability of the proposed intervention. The preferred evidence of effectiveness and acceptability will be findings published in the peer-reviewed literature. However, in areas where little or no research has been published in the peer-reviewed scientific literature, you may present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts.]

- Describe and justify any adaptations necessary to meet the needs of the target population as well as evidence that such adaptations will be effective for the target population.
- If proposing infrastructure development, provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives.
- Provide a logic model (see Glossary) that demonstrates the linkage between the identified need, the proposed approach, and outcomes.
- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population, while retaining fidelity to the chosen practice.
- Provide a realistic time line for the project (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.

- Describe how members of the target population helped prepare the application and how they will help plan, implement, and evaluate the project.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Appendix 2**.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and any prevention intervention can begin as soon as possible and no later than 4 months after grant award.
- Describe any potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to ensure project sustainability when funding for this project ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

### **Section C: Staff and Organizational Experience (15 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture of the target population.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the evaluator and prevention personnel.
- Describe the cultural characteristics of key staff and indicate if any are members of the target population/community. If the target population is multi-linguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population.

## **Section D: Evaluation and Data (30 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Specify and justify any additional measures you plan to use for your grant project. These could include but are not limited to: Changes in methamphetamine use in the community, changes in perception of risk/harm associated with methamphetamine in the community, reduction in the number of illegal sales and thefts of methamphetamine supplies, changes in policies regarding the placement/storage of methamphetamine supplies/products in retail outlets, increases in the number of retail outlets storing certain supplies/products behind the counter, and changes in the number of closures in methamphetamine laboratories.
- Describe plans for data collection, management, analysis, interpretation and reporting. Describe the existing approach to the collection of data, along with any necessary modifications. Be sure to include data collection instruments/interview protocols in **Appendix 1**.
- Discuss the reliability and validity of evaluation methods and instrument(s) in terms of the gender/age/culture of the target population.
- Describe the process and outcome evaluation, including assessments of implementation and individual outcomes. Show how the evaluation will be integrated with requirements for collection and reporting of performance data, including data required by SAMHSA to meet NOMs requirements.
- For prevention intervention projects, describe how the evaluation will be used to ensure fidelity to the prevention intervention.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

## **SUPPORTING DOCUMENTATION**

**Section E:** Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

**Section F:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and evaluation, including NOMs. An illustration of a budget and narrative justification is included in Appendix E of this document.

**Section G:** Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available at [www.hhs.gov/forms/PHS-5161-1.doc](http://www.hhs.gov/forms/PHS-5161-1.doc).

**Section H:** Confidentiality and SAMHSA Participant Protection/Human Subjects: Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of the application, using the guidelines provided below.

### **Confidentiality and Participant Protection:**

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining IRB approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of the application may result in the delay of funding.

#### **1. Protect Clients and Staff from Potential Risks**

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

#### **2. Fair Selection of Participants**

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 1, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

### 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

#### 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**NOTE:** If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 2, “Sample Consent Forms,”** of your application. If needed, give English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

## 7. Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

## **Protection of Human Subjects Regulations**

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations does not apply to all projects funded, the specific evaluation design proposed by the applicant may require compliance with these regulations.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail ([ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov)) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this PA.

## **2. REVIEW AND SELECTION PROCESS**

SAMHSA applications are peer-reviewed according to the review criteria listed above. For those programs where the individual award is over \$100,000, applications must also be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and when applicable, approved by the Center for Substance Abuse Prevention's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. AWARD NOTICES**

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

If you are not funded, you can re-apply if there is another receipt date for the program.

### **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

- Successful applicants must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA web site at [www.samhsa.gov/grants/generalinfo/grants\\_management.aspx](http://www.samhsa.gov/grants/generalinfo/grants_management.aspx).
- Successful applicants must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA web site ([http://www.samhsa.gov/Grants/generalinfo/grant\\_reqs.aspx](http://www.samhsa.gov/Grants/generalinfo/grant_reqs.aspx)).
- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be negotiated with the grantee prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation; or
  - requirements to address problems identified in review of the application.
- Successful applicants will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
  - Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
  - In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA web site. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

### **3. REPORTING REQUIREMENTS**

#### **3.1 Progress and Financial Reports**

- Grant performance will require the submission of annual, biannual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability (see Glossary) of efforts initiated under this grant.
- SAMHSA will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine the grantee’s progress toward meeting its goals.

#### **3.2 Government Performance and Results Act**

The Government Performance and Results Act (GPRA) mandate accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect NOMs performance data from grantees. The instrument for collecting and reporting the NOMs has been approved by the Office of Management and Budget. The performance requirements for SAMHSA’s Prevention of Methamphetamine Abuse grant

program are described in Section I-2.2 of this document under “Data and Performance Measurement.”

### **3.3 Publications**

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Wilma Pinnock  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 4-1012  
Rockville, Maryland 20857  
(240) 276-2421 [wilma.pinnock@samhsa.hhs.gov](mailto:wilma.pinnock@samhsa.hhs.gov)

For questions on grants management issues contact:

Kimberly Pendleton  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1097  
Rockville, Maryland 20857  
(240) 276-1421  
[kimberly.pendleton@samhsa.hhs.gov](mailto:kimberly.pendleton@samhsa.hhs.gov)

## **Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications**

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. If you do not adhere to these requirements, your application will be screened out and returned to you without review.*

- ☐ Use the PHS 5161-1 application.
- ☐ Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.
- ☐ Information provided must be sufficient for review.
- ☐ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
  - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
  - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- ☐ Paper must be white paper and 8.5 inches by 11.0 inches in size.
- ☐ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under “Guidance for Electronic Submission of Applications.”)
  - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
  - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
  - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

*To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be*

*sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.*

- ☐ The 10 application components required for SAMHSA applications should be included. These are:
  - Face Page (Standard Form 424, which is in PHS 5161-1)
  - Abstract
  - Table of Contents
  - Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - Project Narrative and Supporting Documentation
  - Appendices
  - Assurances (Standard Form 424B, which is in PHS 5161-1)
  - Certifications (a form within PHS 5161-1)
  - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - Checklist (a form in PHS 5161-1)
- ☐ Applications should comply with the following requirements:
  - Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  - Documentation of nonprofit status as required in the PHS 5161-1.
- ☐ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- ☐ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- ☐ The page limits for Appendices stated in the specific funding announcement should not be exceeded.
- ☐ Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

## Appendix B – Glossary

**Best Practice:** Best practices are practices that incorporate the best objective information currently available regarding effectiveness and acceptability.

**Catchment Area:** A catchment area is the geographic area from which the target population to be served by a program will be drawn.

**Cooperative Agreement:** A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

**Fidelity:** Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model. A toolkit on how to develop and use fidelity instruments is available from the SAMHSA-funded Evaluation Technical Assistance Center at <http://tecathsri.org> or by calling (617) 876-0426.

**Grant:** A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

**Logic Model:** A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact. More information on how to develop logic models and examples can be found through the resources listed in Appendix D.

**NOMs:** The National Outcomes Measures for substance abuse prevention that SAMHSA has developed in partnership with the States.

**Practice:** A practice is any activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse and/or mental illness. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness, collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse or mental illness.

**Practice Support System:** This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as: a) community collaboration and consensus building; b) training and overall readiness of those implementing the practice; and c) sufficient ongoing supervision for those implementing the practice.

**Stakeholder:** A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

**Sustainability:** Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

**Target Population:** The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

**Wraparound Service:** Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual’s access to and retention in the proposed project.

## **Appendix C – Overview of SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP)**

The National Registry of Evidence-based Programs and Practices (NREPP – formerly the National Registry of Effective Prevention Programs) is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to categorize and disseminate information about programs and practices that meet established evidence rating criteria. SAMHSA is committed to making NREPP a leading national resource for contemporary and reliable information on the scientific basis and practicality of interventions to prevent and/or treat mental and addictive disorders.

The system began in 1998 in SAMHSA's Center for Substance Abuse Prevention (CSAP), and is being revised and expanded to include all interventions to prevent and/or treat mental and addictive disorders. SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) are participating in this expansion. SAMHSA will launch the expanded system in Spring 2006.

However, approximately 160 programs are on the current Registry as either Model, Effective, or Promising Programs. Information on these programs is available through the current Model Programs web site at [www.modelprograms.samhsa.gov](http://www.modelprograms.samhsa.gov)

## Appendix D – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.

Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3<sup>rd</sup> Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

## Appendix E – Sample Budget and Justification

### ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

#### OBJECT CLASS CATEGORIES

##### Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	\$30,000	1.0	\$30,000
Secretary	Unnamed	\$18,000	0.5	\$ 9,000
Counselor	R. Down	\$25,000	1.0	\$25,000

Enter Personnel subtotal on 424A, Section B, 6.a. **\$64,000**

##### Fringe Benefits (24%) \$15,360

Enter Fringe Benefits subtotal on 424A, Section B, 6.b. **\$15,360**

##### Travel

2 trips for SAMHSA Meetings for 2 Attendees  
(Airfare @ \$600 x 4 = \$2,400) + (per diem  
@ \$120 x 4 x 6 days = \$2,880) **\$5,280**  
Local Travel (500 miles x .24 per mile) **120**

[Note: Current Federal Government per diem rates are available at [www.gsa.gov](http://www.gsa.gov).]

Enter Travel subtotal on 424A, Section B, 6.c. **\$ 5,400**

##### Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.

Enter Equipment subtotal on 424A, Section B, 6.d.

##### Supplies

Office Supplies	\$500
Computer Software - 1 WordPerfect	500

Enter Supplies subtotal on 424A, Section B, 6.e. **\$1,000**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

**Contractual Costs**

**Evaluation**

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	\$48,000	\$24,000	0.5
Other Staff		\$18,000	\$18,000	1.0

Fringe Benefits (25%) \$10,500

**Travel**

2 trips x 1 Evaluator (\$600 x 2) \$ 1,200  
 per diem @ \$120 x 6 720  
 Supplies (General Office) 500

Evaluation Direct \$54,920  
 Evaluation Indirect Costs (19%) \$10,435

Evaluation Subtotal \$65,355

**Training**

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	\$ 12,000
Admin. Asst.	N. Jones	0.5	\$ 9,000
Fringe Benefits (25%)			\$ 5,250

**Travel**

2 Trips for Training  
 Airfare @ \$600 x 2 \$ 1,200  
 Per Diem \$120 x 2 x 2 days 480  
 Local (500 miles x .24/mile) 120

**Supplies**

Office Supplies \$ 500  
 Software (WordPerfect) 500

**Other**

Rent (500 Sq. Ft. x \$9.95) \$ 4,975  
 Telephone 500  
 Maintenance (e.g., van) \$ 2,500  
 Audit \$ 3,000

Training Direct \$ 40,025  
 Training Indirect \$ -0-

**Enter Contractual subtotal on 424A, Section B, 6.f. \$105,380**

## ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

### **Other**

Consultants = Expert @ \$250/day X 6 day      \$ 1,500  
(If expert is known, should list by name)

**Enter Other subtotal on 424A, Section B, 6.h.      \$ 1,500**

**Total Direct Charges (sum of 6.a-6.h)**

**Enter Total Direct on 424A, Section B, 6.i.      \$192,640**

### **Indirect Costs**

15% of Salary and Wages (copy of negotiated  
indirect cost rate agreement attached)

**Enter Indirect subtotal of 424A, Section B, 6.j.      \$ 9,600**

### **TOTALS**

**Enter TOTAL on 424A, Section B, 6.k.      \$202,240**

### **JUSTIFICATION**

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

**CALCULATION OF FUTURE BUDGET PERIODS**  
**(based on first 12-month budget period)**

**Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of \$183,500 is effective for all FY 2006 awards.) \***

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

\*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-447.

\*\*Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

\*\*\*Increased amount in 01 year represents costs for software.

Contractual Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

\*\*\*\*Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The PA will specify the maximum number of years of support that may be requested.

## Appendix F -- Cost Bands

### CSAP COST BANDS: SUMMARY

#### Background

The Center for Substance Abuse Prevention has supported a multistage initiative to develop cost bands for substance abuse prevention programs. The development of cost bands and the collection of data relating to the cost of substance abuse prevention services will allow CSAP to meet its PART and NOMS reporting requirements. It will also assist the agency in resource allocation decisions.

The development of the CSAP cost bands evolved through three distinct phases of analyses and trials. Phase one involved a thorough review of published literature reflecting costs for providing prevention services. During Phase Two, cost data from CSAP programs were incorporated into the estimates. Phase Three involved the development of a template with State representatives and solicitation of comments on the draft plans.

#### Regionally Adjusted Provisional Cost Bands from Literature, SIG Grants, and Other CSAP Discretionary Grants in 2005 Dollars\*

2005 Percentiles	IOM Program Category			
	Universal Direct	Universal Indirect	Selected	Indicated
25 <sup>th</sup> Percentile	\$58.01	\$1.05	\$151.88	\$510.47
75 <sup>th</sup> Percentile	\$693.98	\$82.26	\$6,409.29	\$4,888.44

\*Sources for CPI:

<http://www.whitehouse.gov/cea/20041217-econ-forecast.pdf>

<http://www.whitehouse.gov/cea/cea-wp-20050809.html>

#### 2005 Baseline

As part of its reporting requirements under PART and NOMs, CSAP is required to document the increase in the number of services provided within cost bands. The provisional 2005 baseline is that the cost of 50% of services provided fall within the 2005 cost bands established for each program type.

#### Previous Cost Band Reports (available upon request)

Cost Bands Stage 2: Combining Information on Prevention Intervention Costs from Literature with CSAP State Incentive Grants and Other Selected CSAP Grants Information. August 22, 2005. Report Prepared by CSAP Data Coordinating Center Contract No. 277-00-6112.

Recommended Cost Bands for Substance Abuse Prevention. (Final Report). May 20, 2005. Report Prepared by CSAP Data Coordinating Center Contract No. 277-00-6112.

## Appendix G – National Outcome Measures Tools

# CSAP NOMS TOOL

## ADULTS

## RECORD MANAGEMENT

Participant ID \_\_\_\_\_

<b>Contract/Grant ID</b>	_   _   _   _   _   _   _   _   _   _   _
--------------------------	---

**Grant Year**

|\_|\_|\_|\_|  
**Year**

Interview Date      |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|

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**A. DEMOGRAPHICS:** Questions A1-4 asked only at baseline from individuals in direct services programs.

---

**1. Gender**

- ☐ Male  
☐ Female  
☐ Transgender

**2. Are you Hispanic or Latino?**

- ☐ Hispanic  
☐ Latino  
☐ Neither

**3. What is your race? (Select one or more)**

- ☐ Black or African American  
☐ Asian  
☐ American Indian  
☐ Native Hawaiian or Other  
☐ Alaska Native  
☐ White

**4. What is your date of birth?** |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|  
Month / Day / Year

---

**B. DRUG AND ALCOHOL USE**  
**Domain: Abstinence**

---

Measure: 30 day use
---------------------

1. During the past 30 days, that is, since \_\_\_\_ / \_\_\_\_ on how many days did you smoke part or all of a cigarette?

NUMBER OF DAYS: [RANGE: 1 - 30] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

2. During the past 30 days, that is, since \_\_\_\_ / \_\_\_\_ on how many days did you use other tobacco products?

NUMBER OF DAYS: [RANGE: 1 - 30] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

3. Think specifically about the past 30 days, that is from \_\_\_\_ / \_\_\_\_ through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

NUMBER OF DAYS: [RANGE: 0 -30] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

4. Think specifically about the past 30 days, from \_\_\_\_ / \_\_\_\_ up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?

NUMBER OF DAYS: [RANGE: 0 - 30] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

5. Think specifically about the past 30 days, from \_\_\_\_ / \_\_\_\_ up to and including today. During the past 30 days, on how many days did you use any other illegal drug?

NUMBER OF DAYS: [RANGE: 0 - 30] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

Measure: Age of First Use

- 6. How old were you the FIRST TIME you smoked part or all of a cigarette?**

AGE: [(RANGE: 1 - 110)] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

- 7. How old were you the FIRST TIME you used any other tobacco product?**

AGE: [RANGE: 1 - 110] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

- 8. Think about the FIRST TIME you had a drink of an alcoholic beverage. How old were you the FIRST TIME you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.**

AGE: [RANGE: 1 - 110] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

- 9. How old were you the FIRST TIME you used marijuana or hashish?**

AGE: [RANGE: 1 - 110] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

- 10. How old were you the FIRST TIME you used any other illegal drug?**

AGE: [RANGE: 1 - 110] \_\_\_\_

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

Measure: Perception of Disapproval/Attitude

**11. How much do people risk harming themselves physically and in other ways when they smoke ONE OR MORE PACKS OF CIGARETTES PER DAY?**

- 1. ☐ No risk
- 2. ☐ Slight risk
- 3. ☐ Moderate risk
- 4. ☐ Great risk
- ☐ Don't Know
- ☐ Refuse to Answer

**12. How much do people risk harming themselves physically and in other ways when they smoke MARIJUANA ONCE OR TWICE A WEEK?**

- 1. ☐ No risk
- 2. ☐ Slight risk
- 3. ☐ Moderate risk
- 4. ☐ Great risk
- ☐ Don't Know
- ☐ Refuse to Answer

**13. How much do people risk harming themselves physically and in other ways when they have FIVE OR MORE DRINKS OF AN ALCOHOLIC BEVERAGE ONCE OR TWICE A WEEK?**

- 1. ☐ No risk
- 2. ☐ Slight risk
- 3. ☐ Moderate risk
- 4. ☐ Great risk
- ☐ Don't Know
- ☐ Refuse to Answer

---

## **C. EMPLOYMENT/EDUCATION**

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Measure: Perception of Workplace Policy

**1. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?**

- 1. ☐ More likely
- 2. ☐ Less likely
- 3. ☐ Would make no difference
- ☐ Don't Know
- ☐ Refuse to Answer

---

## **D. CRIME AND CRIMINAL JUSTICE**

---

Measure: Alcohol Related Car Crashes and Injuries

**1. DURING THE PAST 12 MONTHS, have you driven a vehicle while you were under the influence of alcohol only?**

- 1. ☐ Yes
- 2. ☐ No

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

---

## **E. SOCIAL SUPPORT/SOCIAL CONNECTEDNESS**

---

Measure: Family Communications around Drug Use
--

**1. DURING THE PAST 12 MONTHS, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?**

1. \_\_\_\_ 0 times

2. \_\_\_\_ 1 to 2 times

3. \_\_\_\_ A few times

4. \_\_\_\_ Many times

\_\_\_\_ Don't Know

\_\_\_\_ Refuse to Answer

**CSAP NOMS TOOL**

**YOUTH**

---

**RECORD MANAGEMENT**

**Participant ID**      |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Contract/Grant ID** |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Grant Year**        |\_|\_|\_|\_|\_|  
                                    **Year**

**Interview Date**    |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_|

---

**A. DEMOGRAPHICS: Questions A1-4 asked only at baseline from individuals in direct service programs.**

---

**1. Gender**

- \_\_\_\_ **Male**  
\_\_\_\_ **Female**  
\_\_\_\_ **Transgender**

**2. Are you Hispanic or Latino?**

- \_\_\_\_ **Hispanic**  
\_\_\_\_ **Latino**  
\_\_\_\_ **Neither**

**3. What is your race? (Select one or more)**

- \_\_\_\_ **Black or African American**  
\_\_\_\_ **Asian**  
\_\_\_\_ **American Indian**  
\_\_\_\_ **Native Hawaiian or Other Pacific Islander**  
\_\_\_\_ **Alaskan Native**  
\_\_\_\_ **White**

**4. What is your date of birth?** |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_|

**Month / Day / Year**

---

**B: DRUG AND ALCOHOL USE****Domain: Abstinence**

---

Measure: 30 day use
---------------------

1. During the past 30 days, that is, since \_\_\_\_ / \_\_\_\_, on how many days did you smoke part or all of a cigarette?  
NUMBER OF DAYS: [Range: 0 - 30] \_\_\_\_  
\_\_\_\_ Don't know  
\_\_\_\_ Refuse to answer
2. During the past 30 days, that is since \_\_\_\_ / \_\_\_\_, on how many days did you use other tobacco products?  
NUMBER OF DAYS: [Range: 0 - 30] \_\_\_\_  
\_\_\_\_ Don't know  
\_\_\_\_ Refuse to answer
3. Think specifically about the past 30 days, that is from \_\_\_\_ / \_\_\_\_ through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?  
NUMBER OF DAYS: [Range: 0 - 30] \_\_\_\_  
\_\_\_\_ Don't know  
\_\_\_\_ Refuse to answer
4. Think specifically about the past 30 days, from \_\_\_\_ / \_\_\_\_ up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?  
NUMBER OF DAYS: [Range: 0 - 30] \_\_\_\_  
\_\_\_\_ Don't know  
\_\_\_\_ Refuse to answer

5. Think specifically about the past 30 days, from \_\_\_ / \_\_\_ up to and including today. During the past 30 days, on how many days did you use any other illegal drug?

NUMBER OF DAYS: [Range: 0 – 30] \_\_\_\_\_

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

Measure: Age of First Use
---------------------------

6. How old were you the *first time* you smoked part or all of a cigarette?

AGE: [Range: 1-110] \_\_\_\_\_

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

7. How old were you the *first time* you used any other tobacco product?

AGE: [Range: 1-110] \_\_\_\_\_

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

8. Think about the *first time* you had a drink of an alcoholic beverage. How old were the *first time* you had a drink of an alcoholic beverage? Please do not include any time when you had only a sip or two from a drink.

AGE: [Range: 1-110] \_\_\_\_\_

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

9. How old were you *the first time* you used marijuana or hashish?

AGE: [Range: 1-110] \_\_\_\_\_

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

10. How old were you the *first time* you used any other illegal drug?

AGE: [Range: 1-110] \_\_\_\_\_

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

Measure: Perception of Disapproval/Attitude
---

11. How do you feel about someone your age smoking one more packs of cigarettes a day?

1. \_\_\_\_\_ Neither approve nor disapprove

2. \_\_\_\_\_ Somewhat disapprove

3. \_\_\_\_\_ Strongly disapprove

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

12. How do you think your close friends would feel about *you* smoking one or more packs of cigarettes a day?

1. \_\_\_\_\_ Neither approve nor disapprove

2. \_\_\_\_\_ Somewhat disapprove

3. \_\_\_\_\_ Strongly disapprove

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

13. How do you feel about someone your age trying marijuana or hashish once or twice?

1. \_\_\_\_\_ Neither approve nor disapprove

2. \_\_\_\_\_ Somewhat disapprove

3. \_\_\_\_\_ Strongly disapprove

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

14. How do you feel about someone your age using marijuana once a month or more?

1. \_\_\_\_\_ Neither approve nor disapprove

2. \_\_\_\_\_ Somewhat disapprove

3. \_\_\_\_\_ Strongly disapprove

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

15. How do you feel about someone your age having one or two more drinks of an alcoholic beverage nearly every day?

1. \_\_\_\_\_ Neither approve nor disapprove

2. \_\_\_\_\_ Somewhat disapprove

3. \_\_\_\_\_ Strongly disapprove

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

Measure: Perceived Risk/Harm of Use
-------------------------------------

16. How much do people risk harming themselves physically and in other ways when they smoke *one or more packs of cigarettes per day*?

1. \_\_\_\_\_ No risk

2. \_\_\_\_\_ Slight risk

3. \_\_\_\_\_ Moderate risk

4. \_\_\_\_\_ Great risk

\_\_\_\_\_ Don't know

\_\_\_\_\_ Refuse to answer

17. How much do people risk harming themselves physically and in other ways when they smoke *marijuana once or twice a week*?

- 1. ☐ No risk
- 2. ☐ Slight risk
- 3. ☐ Moderate risk
- 4. ☐ Great risk
- ☐ Don't know
- ☐ Refuse to answer

18. How much do people risk harming themselves physically and in other ways when they have *five or more drinks of an alcoholic beverage once or twice a week*?

- 1. ☐ No risk
- 2. ☐ Slight risk
- 3. ☐ Moderate risk
- 4. ☐ Great risk
- ☐ Don't know
- ☐ Refuse to answer

---

Domain: Employment / Education

Measure: Perception of Workplace Policy
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19. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference for you?

- 1. ☐ More likely
- 2. ☐ Less likely
- 3. ☐ Would make no difference
- ☐ Don't know
- ☐ Refuse to answer

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**Domain: Crime and Criminal Justice**

Measure: Alcohol Related Car Crashes and Injuries
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**20. During the past 12 months, have you driven a vehicle while you were under the influence of alcohol only?**

- 1. ☐ Yes
- 2. ☐ No
- ☐ Don't know
- ☐ Refuse to answer

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**Domain: Social Support/Social Connectedness**

Measure: Family Communications around Drug Use
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**21. Now think about the past 12 months, that is, from \_\_ \_\_ / \_\_ \_\_ through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By *parents*, we mean your biological parents, adoptive parents, stepparents, or adult guardians- whether or not they live with you.**

- 1. ☐ Yes
- 2. ☐ No
- ☐ Don't know
- ☐ Refuse to answer